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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 010930.00126

First Named Inventor Dennis J. May

**COMPLETE IF KNOWN**

Application Number /

Filing Date December 1, 2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLIPPER FOR AUTOMATIC NETTING PACKAGING MACHINE

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

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Banner & Witcoff, Ltd.					
<b>Name</b>					
10 South Wacker Drive; Suite 3000					
<b>Address</b>					
Chicago		Illinois		60606	
<b>City</b>		<b>State</b>		<b>ZIP</b>	
United States of America		312-463-5000		312-463-5001	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Dennis J.			May		
Inventor's Signature			Date		
<i>Dennis J. May</i>			11-14-03		
Pittsboro		NC	USA	USA	
<b>Residence: City</b>		<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
186 Lindo Johnson Road					
<b>Mailing Address</b>					
Pittsboro		NC	27312	USA	
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Country</b>	
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Samuel D.			Griggs		
Inventor's Signature			Date		
<i>Samuel D. Griggs</i>					
Raleigh		NC	USA	USA	
<b>Residence: City</b>		<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
2901 Pitney Court					
<b>Mailing Address</b>					
Raleigh		NC	<del>27606</del>	USA	
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Country</b>	
			27603		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

December 1, 2003

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

010930.00126

I hereby appoint:

☒ Practitioners at Customer Number

22908

☐ Practitioner(s) named below:

Place Customer  
Number Bar Code  
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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Dennis J. May

Signature

Date

11-14-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of      forms are submitted.

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	December 1, 2003
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	010930.00126

I hereby appoint:

☒ Practitioners at Customer Number

22908

OR

☐ Practitioner(s) named below:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Samuel D. Griggs

Signature

Date

11-14-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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